



Regional conduction slowing can explain inferolateral J waves and their attenuation by sodium channel blockers

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ELECTROPHYSIOLOGY AND
HEART MODELING INSTITUTE
BORDEAUX

Regional conduction slowing can explain inferolateral J waves and their attenuation by sodium channel blockers



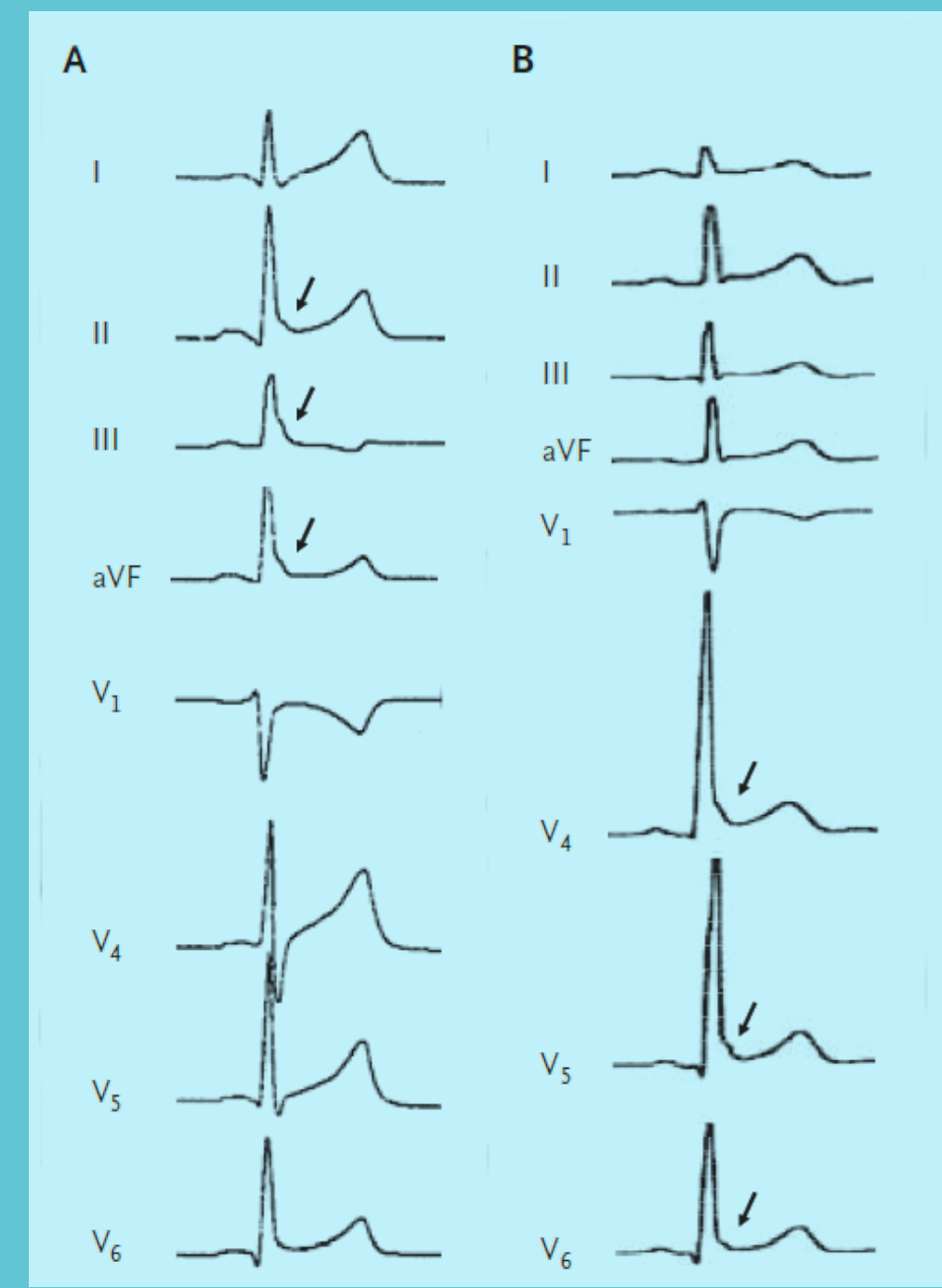
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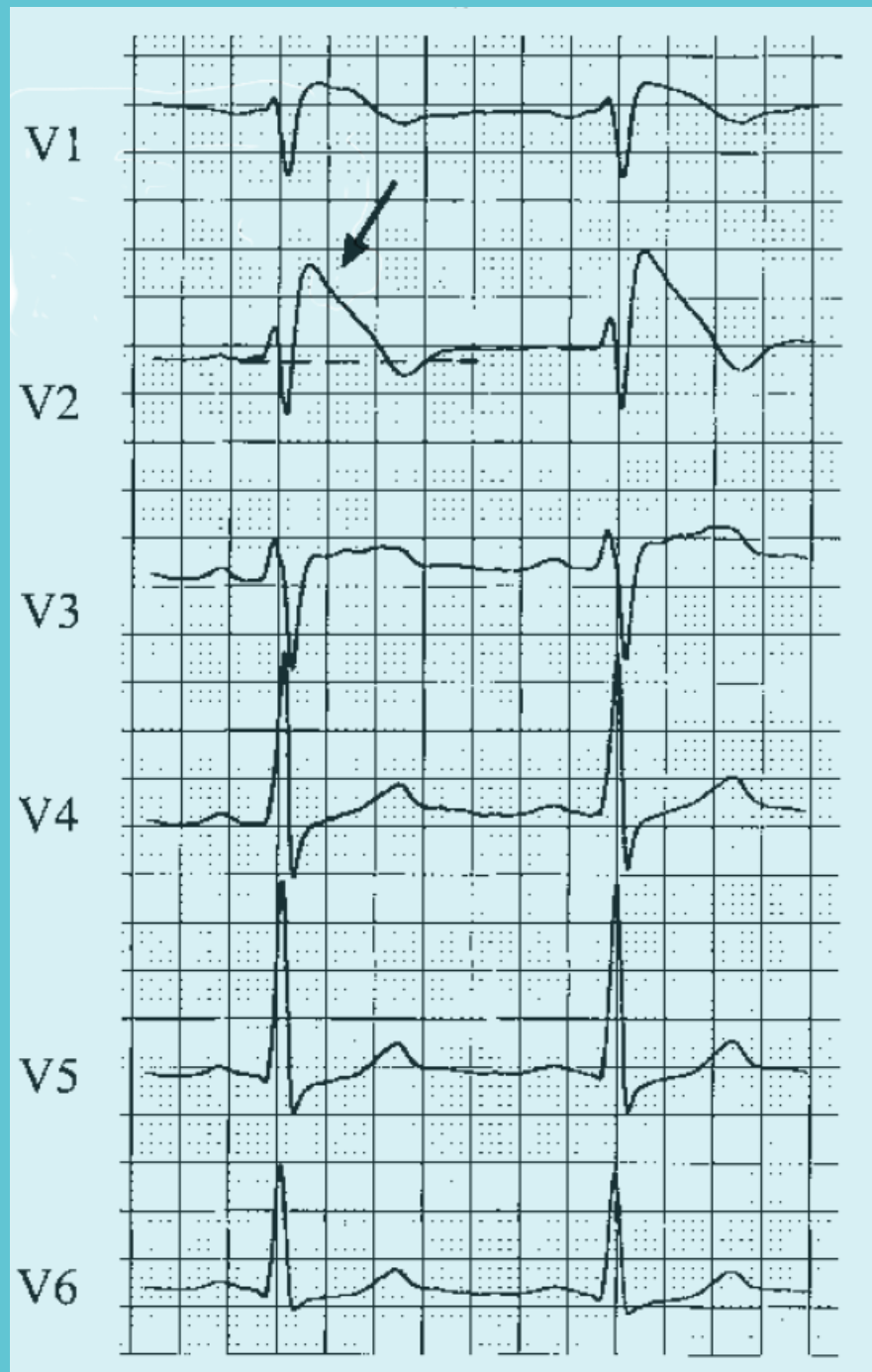


INTRODUCTION

J waves in the ECG are usually harmless, but when they occur in inferolateral leads they are associated with an increased risk of ventricular fibrillation. Similar waves occur in Brugada syndrome (BS) but then in right precordial leads. But when sodium-channel blockers are administered, J waves in BS increase while inferolateral J waves decrease (Roten et al. 2012). Our purpose was to **test different hypotheses to explain inferolateral J waves and the effect of sodium block.**



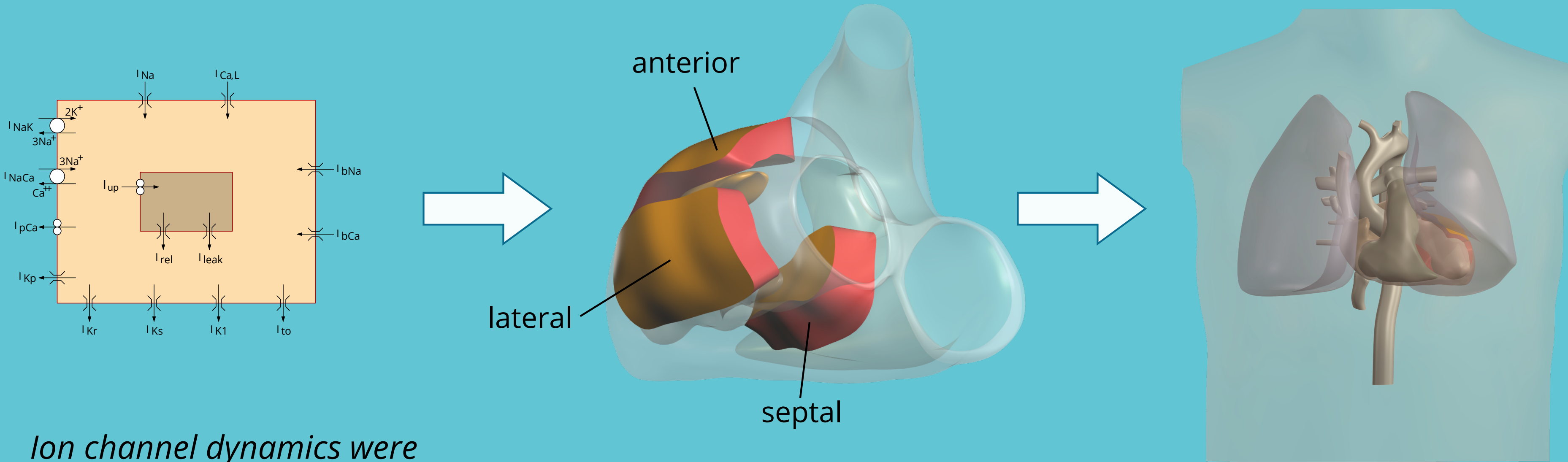
Inferolateral J waves
(Haïssaguerre et al. NEJM
358:2016, 2008)



Brugada type 1
(Wilde et al. Circulation
106:2514, 2002)

SIMULATION STUDIES

The effects of reduced Na current, reduced coupling, and increased transient outward current were evaluated with computer simulations using a detailed model of the human heart and torso.



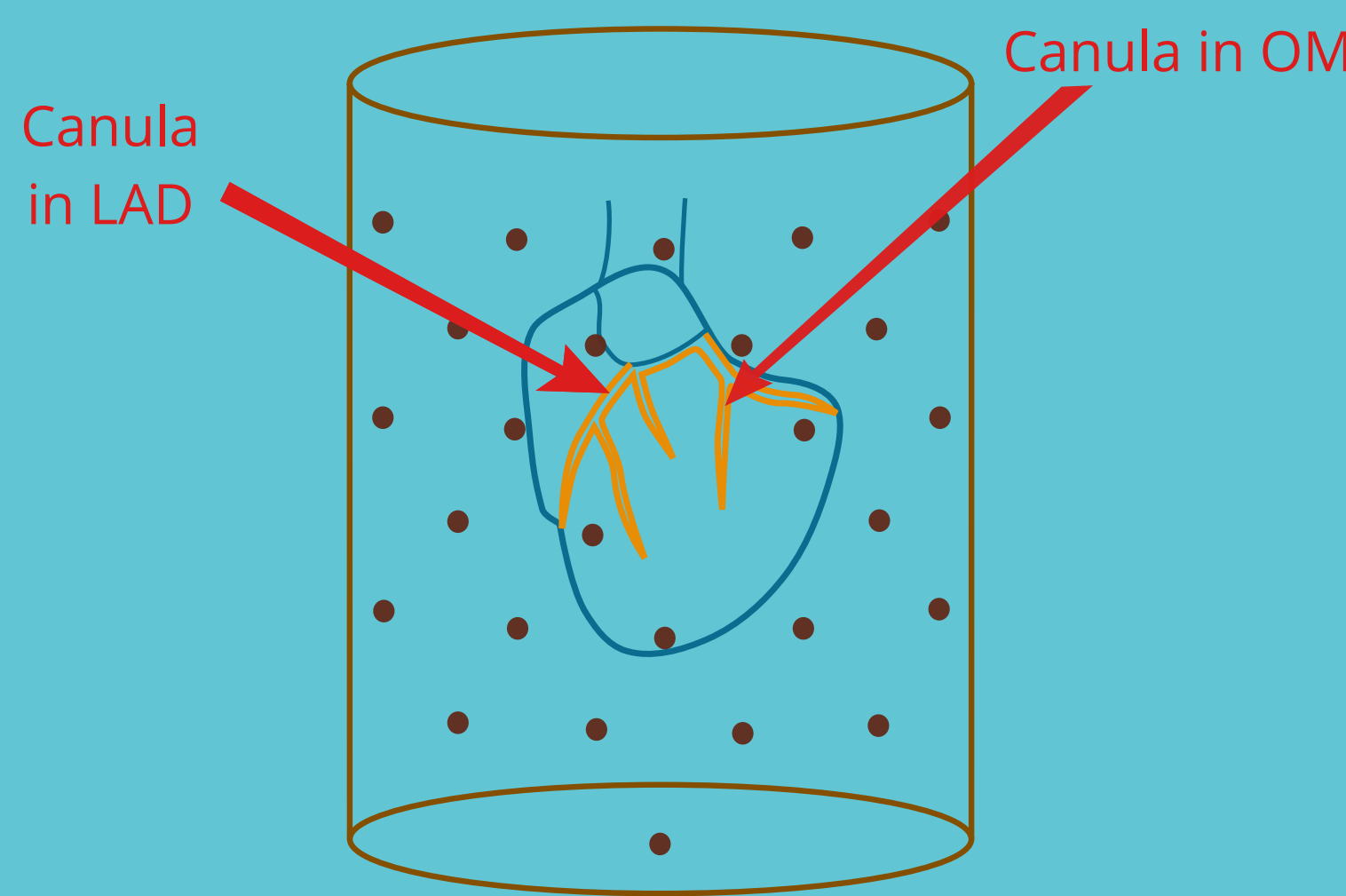
Ion channel dynamics were simulated using the model by Ten Tusscher et al. (2004)

Model properties were locally modified in 3 zones

The ECG was computed in an inhomogeneous torso model

EXPERIMENTAL STUDIES

Key findings were backed up with experiments in explanted pig hearts. To obtain pseudo-ECGs the hearts were placed in a container, filled with perfusion fluid, with electrodes attached to the surface. Local interventions were made by selectively infusing medication in the obtuse marginal (OM) or left anterior descending (LAD) coronary artery.



RESULTS

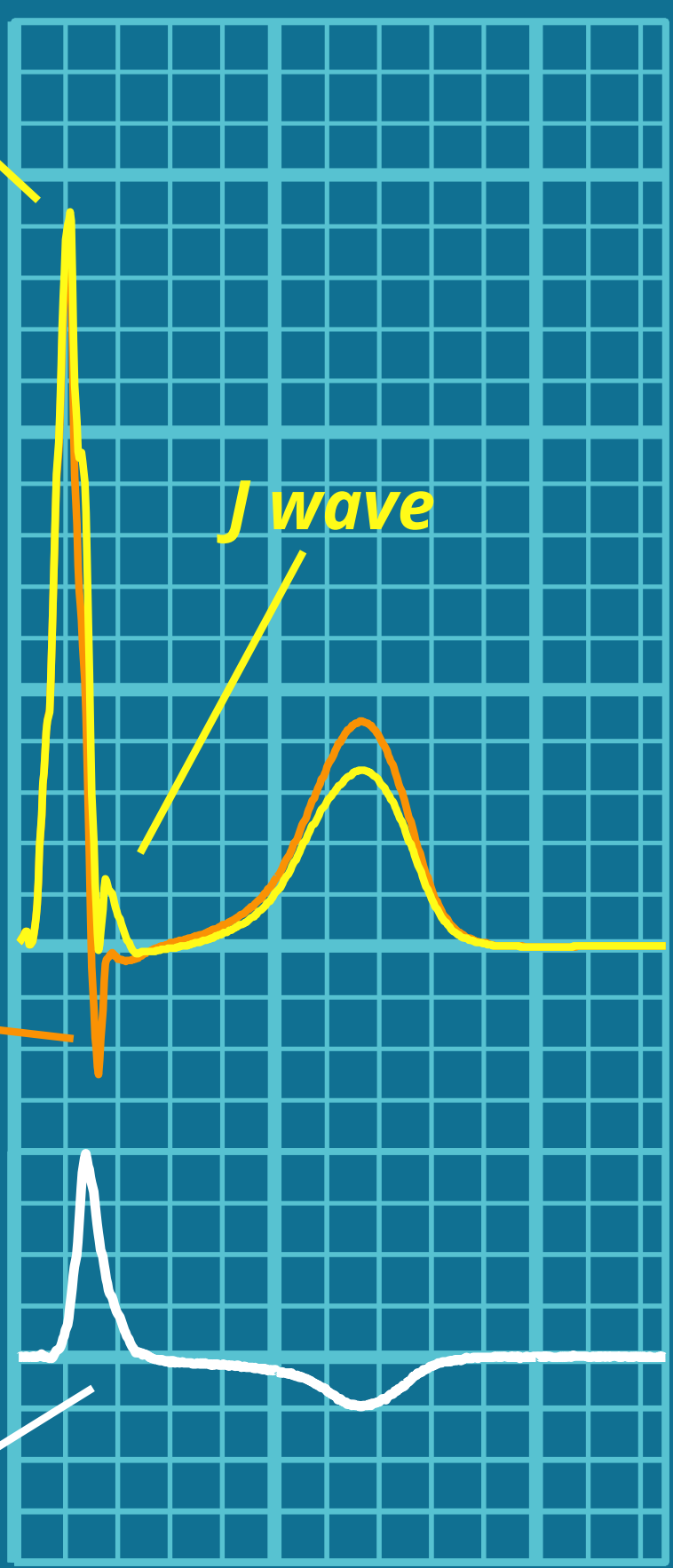
Reduced Na current in lateral but not in other regions induced inferolateral J waves. Increased transient outward current and cellular uncoupling caused only subthreshold J-point elevations.

Global reduction of Na-channel conductivity deformed and prolonged the QRS complex, masking the inferolateral J waves. Subtraction of the ECGs with and without local intervention showed that the ECG change associated with the local reduction of Na current was not reduced, but was only hidden by the expanding QRS complex.

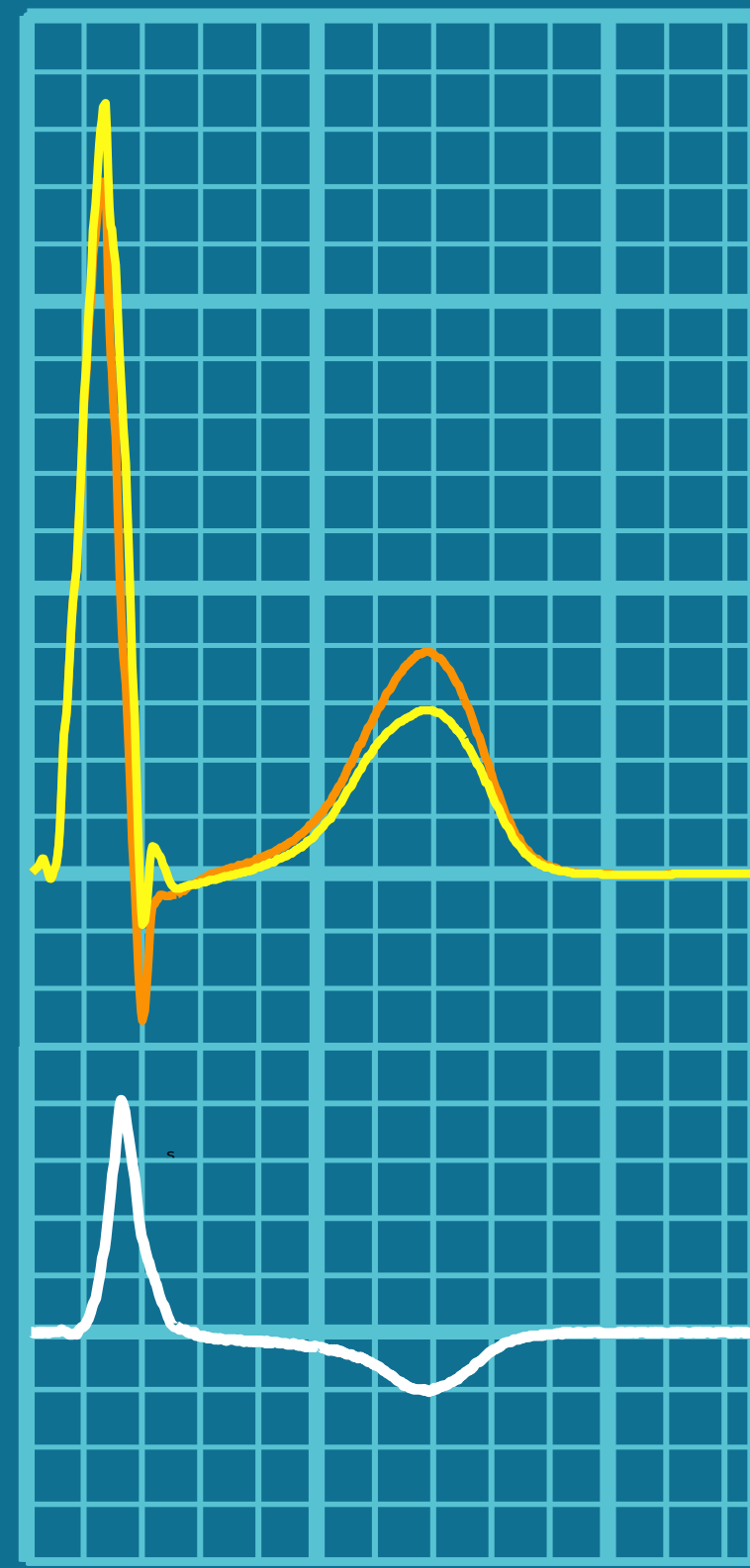
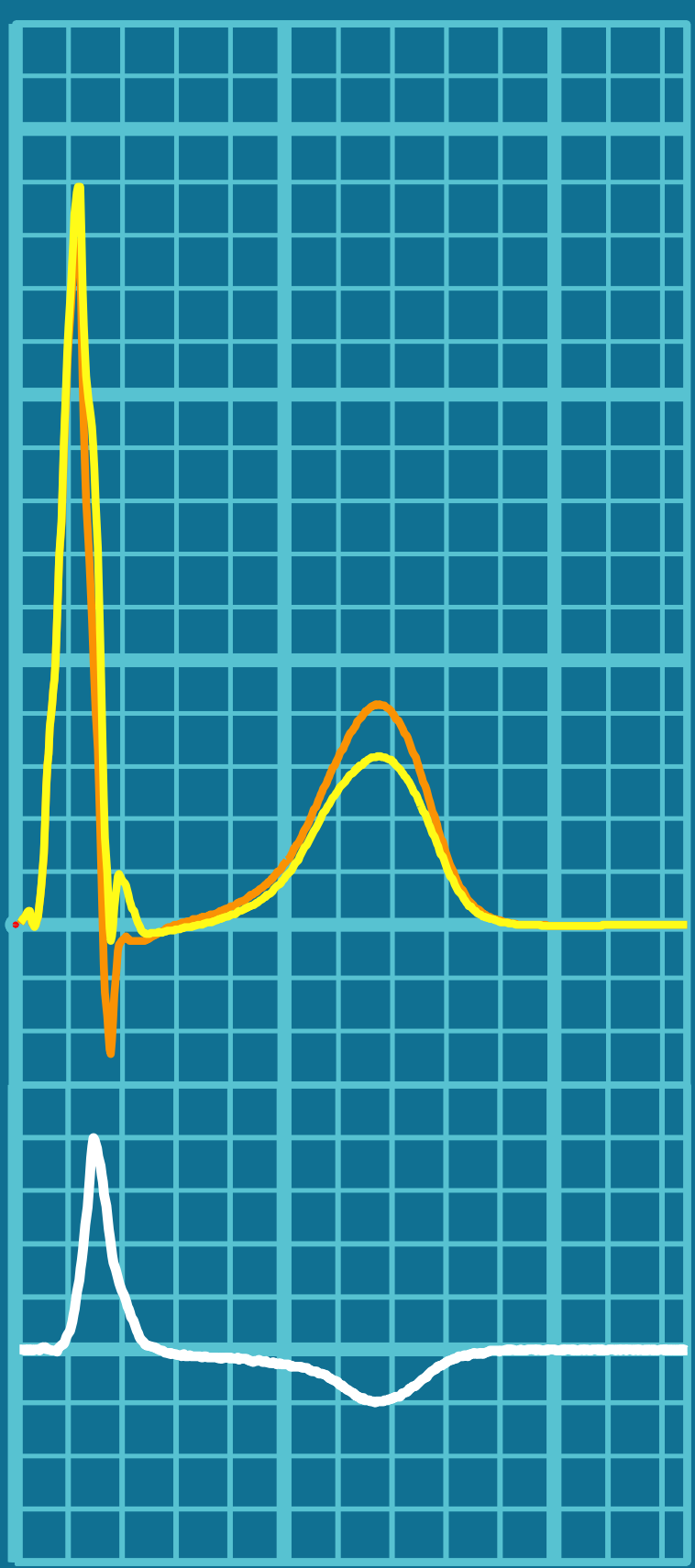
lead II, reduced Na current in lateral zone

baseline ECG lead II

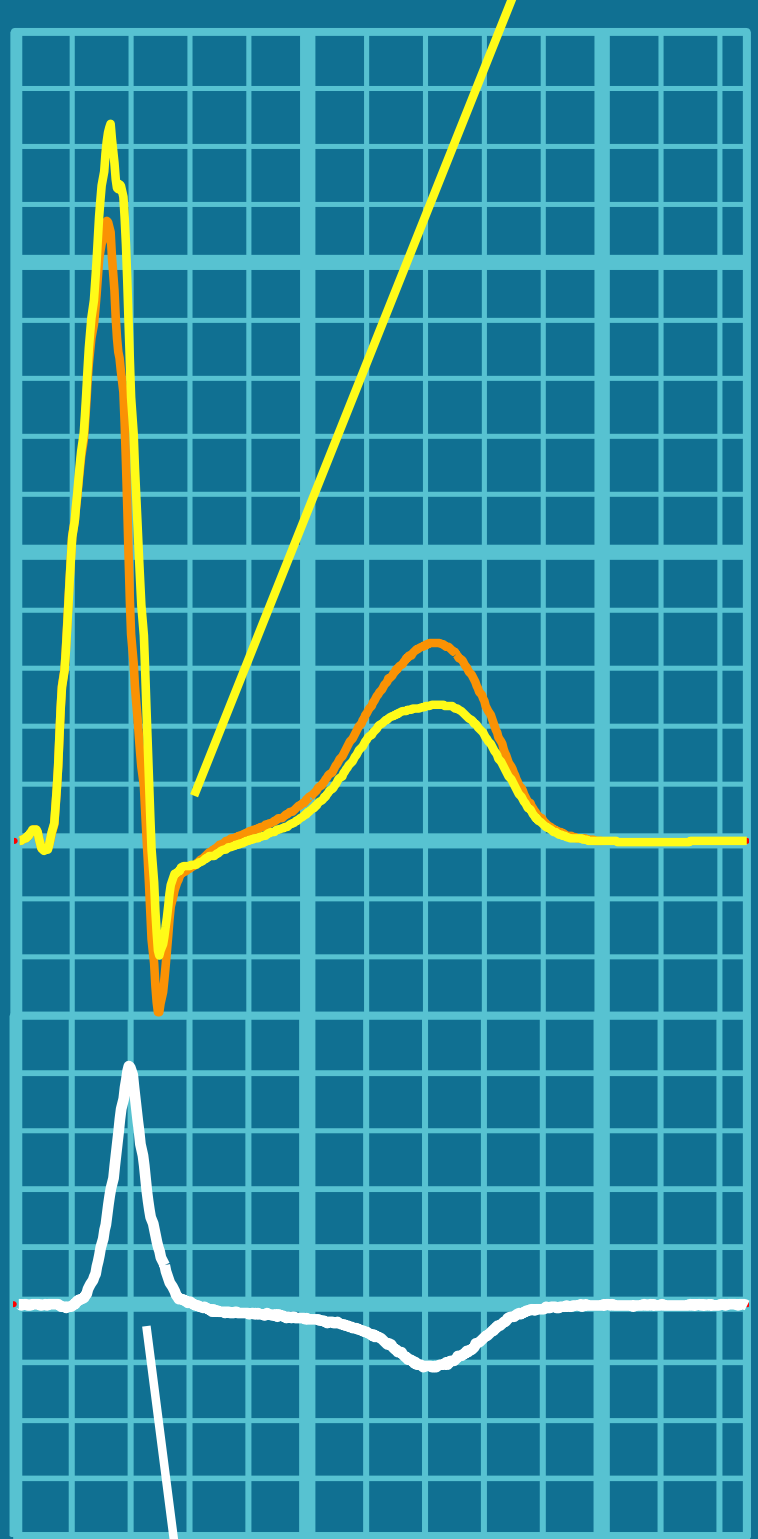
difference ECG (intervention — baseline)



reducing global Na conductivity



the J wave is gone



but the iceberg is still there!

CONCLUSION

Regionally reduced Na current can explain inferolateral J waves. The normally late activation of the lateral region is crucial for the development of J waves and may explain the special importance of the inferolateral leads. The proposed mechanism also explains attenuation of J waves by Na-channel blockers.

LITERATURE

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MacFarlane PW, et al. *JACC* 66:470, 2015.
Roten L, et al. *Heart Rhythm* 9:232, 2012
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